

Mississippi Secretary of State
700 North Street P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME Mississippi State Department of Health		CONTACT PERSON Mitchell Adcock	TELEPHONE NUMBER 601-576-7847	
ADDRESS 570 E Woodrow Wilson Ave		CITY Jackson	STATE MS	ZIP 39215
EMAIL Ingrid.williams@msdh.ms.gov	SUBMIT DATE 8/19/16	Name or number of rule(s): Title 15 Mississippi State Department of Health – Part IX Office of Health Policy and Planning, Division of Health Planning and Resource Development, Subpart 91 – Certificate of Need Review Manual		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: These revisions are required by the Amendments to the Certificate of Need Law set forth in Senate 2661 of the 2016 Legislative session.

Specific legal authority authorizing the promulgation of rule: Mississippi Code Annotated Section 41-7-173

List all rules repealed, amended, or suspended by the proposed rule: CON Review Manual

ORAL PROCEEDING:

☒ An oral proceeding is scheduled for this rule on Date: 9/12/16 Time: 2:00 p.m. Place: MSDH Osbourne Auditorium

☐ Presently, an oral proceeding is not scheduled on this rule.

If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filing agency.

ECONOMIC IMPACT STATEMENT:

☒ Economic impact statement not required for this rule. ☐ Concise summary of economic impact statement attached.

TEMPORARY RULES	PROPOSED ACTION ON RULES	FINAL ACTION ON RULES
<input type="checkbox"/> Original filing <input type="checkbox"/> Renewal of effectiveness To be in effect in _____ days Effective date: <input type="checkbox"/> Immediately upon filing <input type="checkbox"/> Other (specify): _____	Action proposed: <input type="checkbox"/> New rule(s) <input checked="" type="checkbox"/> Amendment to existing rule(s) <input type="checkbox"/> Repeal of existing rule(s) <input type="checkbox"/> Adoption by reference Proposed final effective date: <input checked="" type="checkbox"/> 30 days after filing <input type="checkbox"/> Other (specify): _____	Date Proposed Rule Filed: _____ Action taken: <input type="checkbox"/> Adopted with no changes in text <input type="checkbox"/> Adopted with changes <input type="checkbox"/> Adopted by reference <input type="checkbox"/> Withdrawn <input type="checkbox"/> Repeal adopted as proposed Effective date: <input type="checkbox"/> 30 days after filing <input type="checkbox"/> Other (specify): _____

Printed name and Title of person authorized to file rules: Mitchell Adcock, Chief Administrative Officer

Signature of person authorized to file rules: *Mitchell Adcock by law*

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
		
Accepted for filing by _____	Accepted for filing by <u>#22208</u> 	Accepted for filing by _____

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.